

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

03111

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be returned by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First BENEDICTA	Middle BEAN	Last ADAMS	2a. DATE OF DEATH Month FEBRUARY	Day 5 , 1968	Year 1968	2b. HOUR 10 A.M.			
3. SEX FEMALE	4. RACE WHITE	5. DATE OF BIRTH APRIL 9, 1884			6. AGE (In years last birthday) 83	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
7a. BIRTHPLACE (State or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH ST. MARY'S							
10. CITY OR TOWN OF DEATH LEONARDTOWN		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ST. MARY'S HOSPITAL			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND		13b. COUNTY ST. MARY'S	13c. CITY OR TOWN VALLEY LEE	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER					
14. FATHER'S NAME First JOHN	Middle STEPHEN	Last BEAN	15. MOTHER'S MAIDEN NAME First ANN	Middle ELIZABETH	Last FENHAGEN					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown 410.9	16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	17. INFORMANT SARAH P. ADAMS			Address VALLEY LEE, MARYLAND					
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrhythmia DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause 420.1 last.									410.9	
(b) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF Coronary Artery Disease last.									420.1	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 420.1									420.1	
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town		County	State		
22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2/5/68 , and that in (my) (me) opinion death occurred on the date and hour and from the causes stated above, (I) (we) did (did not) view the body after death.									1968 , to 2/5/68	
22b. SIGNATURE James P. Jarboe M.D.									22c. DATE SIGNED 2/7/68	
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS GREAT MILLS, MARYLAND								
23a. BURIAL, CREMATION BURIAL		23b. DATE FEB. 7, 1968	23c. NAME OF CEMETERY OR CREMATORIUM ST. GEORGE CEMETERY			23d. LOCATION (City or Town) VALLEY LEE, ST. MARY'S, MARYLAND		(County)	(State)	
24. FUNERAL DIRECTOR ADDRESS W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND									25a. REC'D BY REGISTRAR DATE FEB 9 1968	25b. REGISTRAR'S SIGNATURE Charles J. Jones

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

NO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or print)			First	Middle	Lost	20. DATE OF DEATH	Month	Doy	Year	2b. HOUR	
DAISY IRIS ALVEY						FEBRUARY	11	1968	8:00A M		
3. SEX FEMALE		4. RACE CAUCASIAN		S. DATE OF BIRTH MARCH 17, 1885		6. AGE (In years last birthday) 82		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	
7b. BIRTHPLACE (State or foreign country) MARYLAND		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		9. COUNTY OF DEATH ST. MARY'S					
10. CITY OR TOWN OF DEATH LEONARDTOWN			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ST. MARY'S NURSING HOME			12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) HOUSEWIFE			12b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND			13b. COUNTY CHARLOTTE HALL			13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13e. STREET AND NUMBER CHARLOTTE HALL MARYLAND			
14. FATHER'S NAME First JOSEPH			Middle I.			15. MOTHER'S MAIDEN NAME First ROBERTA			Middle CANTOR		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown NO			16b. SOCIAL SECURITY NO. 219-36-2167			17. INFORMANT JINORWOOD S. SOTHORON			178 EAST DR. TOWN CREEK Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4300 Subarachnoid hemorrhage DUE TO, OR AS A CONSEQUENCE OF (b) Pyrexia from process, undet. DUE TO, OR AS A CONSEQUENCE OF (c)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 330 X											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State	
22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on 10 Feb 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										22c. DATE SIGNED 2/12/1968	
22b. SIGNATURE Leon W. Berube		DEGREE <input type="checkbox"/> ATTENDING PHYS.		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>					
22d. PHYSICIAN'S NAME (Type) 		22e. ADDRESS MECHANICSVILLE MARYLAND									
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/13/1968		23c. NAME OF CEMETERY OR CREMATORIAL ALL FAITH CEM.		23d. LOCATION (City or Town) CHARLOTTE HALL ST. MARY'S Md.		(County) 		(State) 	
24. FUNERAL DIRECTOR John M. Welch		ADDRESS LEONARDTOWN MARYLAND		25a. REC'D BY REGISTRAR Charles J. Jones		25b. REGISTRAR'S SIGNATURE Charles J. Jones					

15160

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Sept 9 1974

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03132

03113

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First JAMES	Middle FRANK	Lost BALL	2d. DATE OF DEATH Month FEBRUARY Doy 29, 1968	2b. HOUR YRS.		
3. SEX MALE	4. RACE COLORED	5. DATE OF BIRTH JUNE 9, 1882		6. AGE (In years lost birthday) 85 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED	9. COUNTY OF DEATH ST. MARY'S				
10. CITY OR TOWN OF DEATH LEONARDTOWN	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ST. MARY'S		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) WATERMAN	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND	13b. COUNTY ST. MARY'S	13c. CITY OR TOWN ST. INIGOES	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER			
14. FATHER'S NAME JAMES	First FRANK	Middle BALL	15. MOTHER'S MAIDEN NAME LUCY	Middle TAYLOR	Address MISS SARAH S. BALL ST. INIGOES, MARYLAND		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 5609	16b. SOCIAL SECURITY NO. CTMA 11-22-11	17. INFORMANT MISS SARAH S. BALL ST. INIGOES, MARYLAND	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CTMA 11-22-11 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) 5609 DUE TO, OR AS A CONSEQUENCE OF lost. (c) MISS SARAH S. BALL ST. INIGOES, MARYLAND							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 5705							
19a. MEDICAL CERTIFICATION	19b. DATE OF OPERATION	19c. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from 2-27-68 to 2-29-68 , that (I) (we) last saw the deceased alive on 2-29-68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE Michael Barbarich	DEGREE M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED Mar 5 1968				
22d. PHYSICIAN'S NAME (Type) MICHAEL BARBARICH M. D.	22e. ADDRESS LEXINGTON PARK, MARYLAND						
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 3, 1968	23c. NAME OF CEMETERY OR CREMATORIUM MT ZION METHODIST CEMETERY ST. INIGOES, ST. MARY'S, MARYLAND	23d. LOCATION (City or Town) ST. INIGOES, ST. MARY'S, MARYLAND	(County) ST. MARY'S, MARYLAND	(State) MARYLAND		
24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY	ADDRESS LEONARDTOWN, MARYLAND		25a. REC'D. BY REGISTRAR MAR 5 1968	25b. REGISTRAR'S SIGNATURE Charles Judge			

S160

INTERMEDIATE STATION - 1000' CONCRETE TOWER

HAZARD 2600' ASL

YARD

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

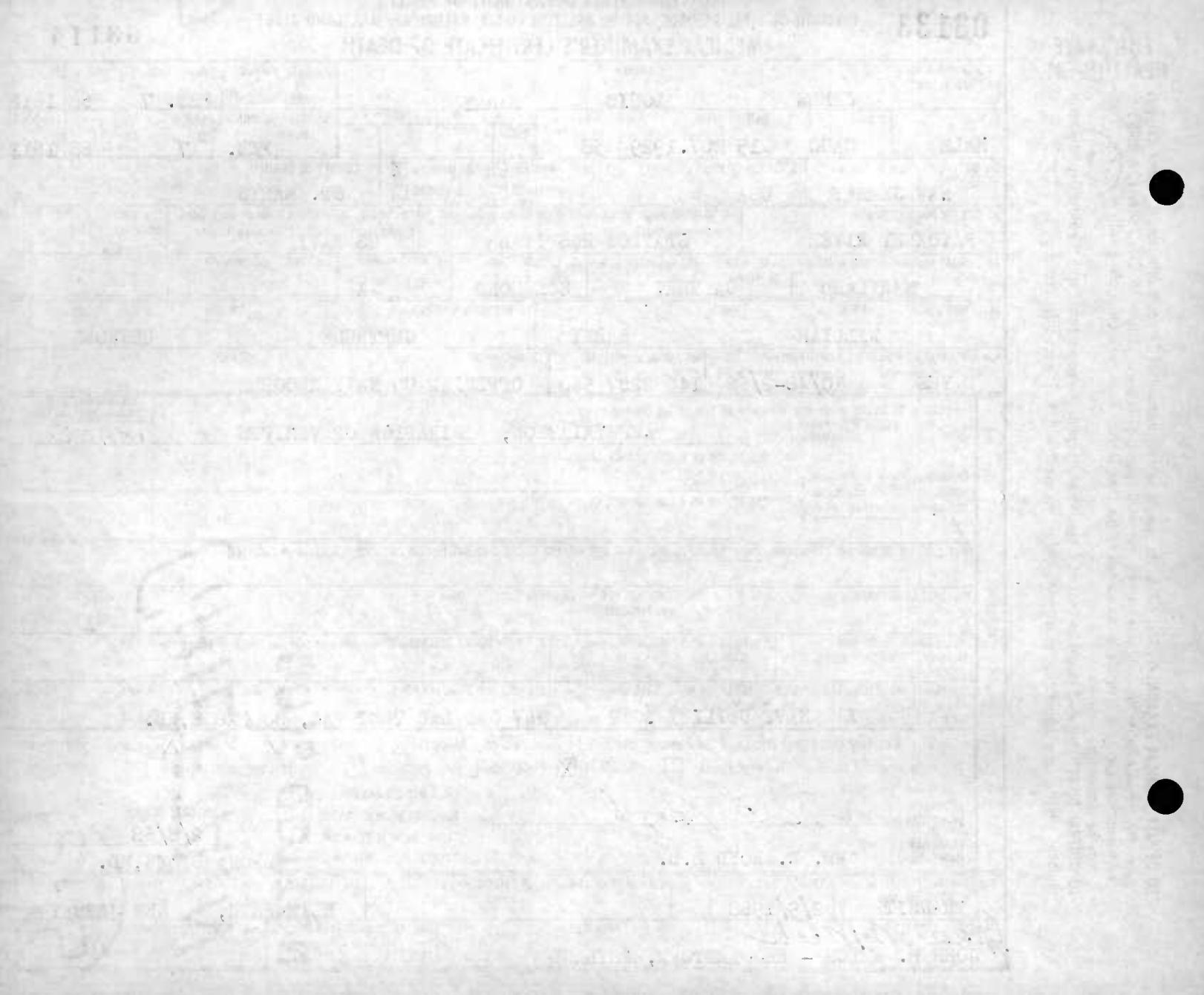
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

03133 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03114

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print)			First JAMES	Middle LOUIS	Last BARRY	2a. DATE KNOWN <input type="checkbox"/> Month FEB. Day 7 Year 1968	2b. HOUR 1612
3. SEX MALE	4. RACE CAUC	5. DATE OF BIRTH 15 NOV. 1929	6. AGE (in years last birthday) 38 YRS.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. DAYS HOURS MIN.	2c. DATE PRONOUNCED DEAD Month FEB. Day 7 Year 1968	2d. HOUR 1612
7a. BIRTHPLACE (State or foreign country) NEW JERSEY		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH ST. MARYS	
10. CITY OR TOWN OF DEATH PATUXENT RIVER			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) STATION HOSPITAL			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) US NAVY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND		13c. CITY OR TOWN CALVERT		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER UNKNOWN	
14. FATHER'S NAME First WILLIAM			Middle BARRY	Last	15. MOTHER'S MAIDEN NAME First GERTRUDE	Middle	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES 10/48-2/68			16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 146 2287 560		17. INFORMANT ADDRESS OFFICIAL US NAVY RECORDS		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ASPHYXIATION, ASPIRATION OF VOMITUS</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMED.							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>9218</u>							
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) NAVY UTILITY BOAT NAV ORD LAB TEST FAC., SOLOMONS, MD.			
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE <u>W. D. Boyd</u>				CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) LEONARDTOWN, MD.			
23a. BURIAL, CREMATION, REMOVAL (Specify) TRANSIT		23b. DATE 2/9/1968	23c. NAME OF CEMETERY OR CREMATORIAL ELIZABETH, NEW JERSEY	23d. LOCATION (City or Town) (County) (State)			
24. FUNERAL DIRECTOR JOHN M. WELCH - LEONARDTOWN, MARYLAND		ADDRESS		25a. REC'D BY REGISTRAR FEB 13 1968	25b. REGISTRAR'S SIGNATURE <u>Charles J. Judge</u>		



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03134

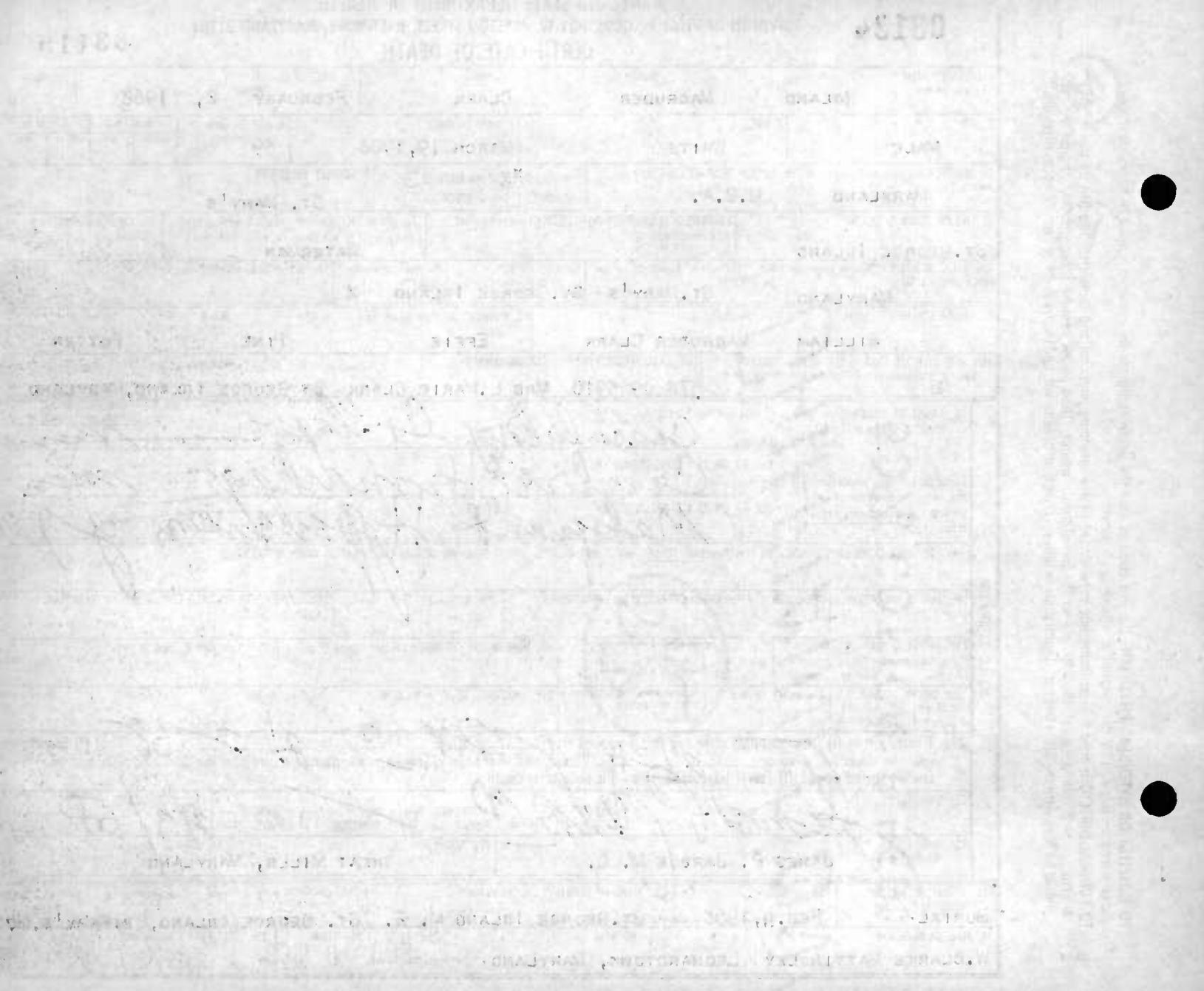
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

03115

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First ROLAND	Middle MAGRUDER	Last CLARK	2a. DATE OF DEATH FEBRUARY Month 2, Day 1968	2b. HOUR Year
3. SEX MALE	4. RACE WHITE	S. DATE OF BIRTH MARCH 19, 1908	6. AGE (In years last birthday) 59 yrs.	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. HOURS 0
7a. BIRTHPLACE (State or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH ST. MARY'S		
10. CITY OR TOWN OF DEATH ST. GEORGE ISLAND	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) WATERMAN	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND	13b. COUNTY ST. MARY'S	13c. CITY OR TOWN ST. GEORGE ISLAND	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER	
14. FATHER'S NAME First WILLIAM	Middle MAGRUDER	Last CLARK	15. MOTHER'S MAIDEN NAME First EFFIE	Middle TINE	Last POTTER
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. 578 09 5910	17. INFORMANT MRS L. MARIE CLARK	Address ST. GEORGE ISLAND, MARYLAND		
18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100					
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Circulatory Collapse</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>min</i> 4002 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>Central Hypertension</i> min (b) <i>Malignant Hypertension y.</i> (c) <i>445X</i>					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
MEDICAL CERTIFICATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (the hospital) attended the deceased from 1957 , to 1968 , that (I) lost saw the deceased alive on 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) did (did not) view the body after death.					
22b. SIGNATURE <i>James P. Jarboe M.D.</i>					
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS GREAT MILLS, MARYLAND		22f. DATE SIGNED 4/3/68		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 4, 1968	23c. NAME OF CEMETERY OR CREMATORIAL ST. GEORGE ISLAND M. E.	23d. LOCATION (City or Town) ST. GEORGE ISLAND, ST. MARY'S, MD.	(County)	(State)
24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY	ADDRESS LEONARDTOWN, MARYLAND	25a. RECEIVED BY REGISTRAR FEB 6 1968	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		
VR A15 (4) 30M REV. 1/68					



03135

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

03116

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to a burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First JOHN	Middle HENRY	Last CURTIS	2a. DATE OF DEATH Month FEBRUARY	Day 27,	Year 1968	2b. HOUR M	
3. SEX MALE		4. RACE NEGRO		S. DATE OF BIRTH JUNE 23, 1910	6. AGE (In years last birthday) 57		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN
7a. BIRTHPLACE (State or foreign country) MARYLAND		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH ST. MARY'S				
10. CITY OR TOWN OF DEATH LEONARDTOWN		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ST. MARY'S HOSPITAL		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) FARMING		12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased admission) STATE MARYLAND		13b. COUNTY ST. MARY'S		13c. CITY OR TOWN BUSHWOOD,	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER			
14. FATHER'S NAME First WILLIAM JOHN CURTIS		Middle 	Last 	15. MOTHER'S MAIDEN NAME First SUSAN	Middle 	Last YOUNG			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown Yes, no, or unknown		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT ROBERT F. CURTIS		Address BUSHWOOD, MARYLAND			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4129		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause 		Cardio pulmonary failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
(b) DUE TO, OR AS A CONSEQUENCE OF 		(c) DUE TO, OR AS A CONSEQUENCE OF 		Arteriosclerotic heart disease with cerebrovascular thrombosis					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4200									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from 2/26/68 , to 2/27/68 , that (I) (we) last saw the deceased alive on 2/27/68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE S. Laurel, M.D.		DEGREE MD.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 2/28/68			
22d. PHYSICIAN'S NAME (Type) S. LAUREL M. D.		22e. ADDRESS LEONARDTOWN, MARYLAND							
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 1, 1968	23c. NAME OF CEMETERY OR CREMATORIUM SACRED HEART CEMETERY		23d. LOCATION (City or Town) BUSHWOOD,		(County) ST. MARY'S, MARYLAND	(State)	
24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY		ADDRESS LEONARDTOWN, MARYLAND		25a. REC'D BY REGISTRAR DATE MAR 4 1968		25b. REGISTRAR'S SIGNATURE Charles Judge			

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

03136

03117

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First MERVELL	Middle MILLER	Last DEAN	2a. DATE OF DEATH Month FEB.	Doy 8	Year 1968	2b. HOUR 3:00AM					
3. SEX MALE	4. RACE WHITE	5. DATE OF BIRTH 12/13/1904			6. AGE (In years last birthday) 63	YRS.	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. DAYS 0	HOURS 0	MIN. 0		
7a. BIRTHPLACE (State or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH ST. MARYS									
10. CITY OR TOWN OF DEATH LEONARDTOWN	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ST. MARYS HOSPITAL			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) CONTRACTOR			12b. KIND OF BUSINESS OR INDUSTRY BUILDER					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND	13b. COUNTY ST. MARYS	13c. CITY OR TOWN HOLLYWOOD	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER								
14. FATHER'S NAME First WILSON	Middle DEAN	Last	15. MOTHER'S MAIDEN NAME First EFFIE				Middle	Lost				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown NO	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 220 16 4233	17. INFORMANT MRS. ANN LEOLA DEAN - SAME AS 13c				Address						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). (b) Metastatic lymphosar- stating the <u>underlying cause</u> last. (c) Cancer											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 2001												
19a. DATE OF OPERATION 2001		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town		County		State			
22a. I certify that (I) (this hospital) attended the deceased from JANUARY , 19 67 , to FEB. , 19 68 , that (I) (we) last saw the deceased alive on JAN. 8 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) did (did not) view the body after death.											22c. DATE SIGNED 2/8/1968	
22b. SIGNATURE A. Samadi		DEGREE ATTENDING PHYS.	22c. DATE SIGNED 2/8/1968	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	<input type="checkbox"/>						
22d. PHYSICIAN'S NAME (Type) A. SAMADI		22e. ADDRESS LEONARDTOWN, MARYLAND										
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/10/1968	23c. NAME OF CEMETERY OR CREMATORIAL JOY CHAPEL CEMETERY			23d. LOCATION (City or Town) HOLLYWOOD			(County) MD.		(State)		
24. FUNERAL DIRECTOR John M. Welch					ADDRESS JOHN M. WELCH - LEONARDTOWN, MD.			25a. REC'D BY REGISTRAR FEB 13 1968		25b. REGISTRAR'S SIGNATURE Charles Judge		

ACT 89

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												03137			03118		
CERTIFICATE OF DEATH																	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)													
a. COUNTY				a. STATE													
St. Mary's MARYLAND				Maryland													
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. LENGTH OF STAY IN 1b													
Leonardtown				Life													
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET ADDRESS													
St. Mary's Hospital				e. IS RESIDENCE ON A FARM?													
3. NAME OF DECEASED (Type or print)				First	Middle	Last	4. DATE OF DEATH	Month	Day	Year	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
Christopher Todd Fox				February	3	1968	9	45									
5. SEX		6. COLOR OR RACE	7. MARRIED	<input type="checkbox"/> NEVER MARRIED	<input type="checkbox"/> DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS								
Male		White	WIDOWED	<input type="checkbox"/>	<input type="checkbox"/>	February 1, 1968	Yrs.	Months	Days	Hours	Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY													
13. FATHER'S NAME				11. BIRTHPLACE (County & State, or foreign country)													
L.C. (None) Fox				LEONARDTOWN, MARYLAND													
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				12. CITIZEN OF WHAT COUNTRY?													
(If yes give war or dates of service)				U.S.A.													
16. SOCIAL SECURITY NO.				14. MOTHER'S MAIDEN NAME													
				Barbara Ilona Luoma													
17. INFORMANT				Address													
Mother																	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]																	
PART I. DEATH WAS CAUSED BY:																	
IMMEDIATE CAUSE (a) <i>Pulmonary Atelectasis</i>																	
7769 DUE TO																	
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Congestive</i>																	
DUE TO																	
(c) <i>Respiratory</i>																	
INTERVAL BETWEEN ONSET AND DEATH, 33 DR 45 min																	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)																	
7635																	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)													
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)	(State)						
21. I certify that (I) (this hospital) attended the deceased from 1 FEB 1968, to 3 FEB 1968, that (II) <input type="checkbox"/> last saw the deceased alive on 3 FEB 1968, and that death occurred at 8:20 AM, from the causes and on the date stated above.				22a. SIGNATURE <i>William C. Mulford, M.D.</i>													
22b. DATE SIGNED 2/4/68																	
22c. PHYSICIAN'S NAME (Type) William C. Mulford, M.D.				22d. ADDRESS Mechanicsville, Maryland													
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE THEREOF 2-3-68		23c. NAME OF CEMETERY OR CREMATORIUM St. Aloysius Cemetery		23d. LOCATION (City, town or county) Leonardtown		(State) Md.							
24. FUNERAL DIRECTOR W. Clarke Mattingley				25a. REC'D BY REGISTRAR FEB 6 1968 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>													
25. ADDRESS Leonardtown, Md.																	

6169

RECORDED BY TELETYPE

ENCL. 100% REC'D.

100%

KEY NAME

888

888

888

an animal 3 weeks

100% of the time

100% of the time

100% of the time

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Items 20, 21 film 398 MARYLAND STATE DEPARTMENT OF HEALTH
2-26-68 mt 0212 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03119

1. DECEASED-NAME (Type or print)			First BERTHA	Middle ELIZABETH	Last GLEASON	2a. DATE OF DEATH Month Day Year FEBRUARY 12, 1968	2b. HOUR M
3. SEX FEMALE	4. RACE WHITE	S. DATE OF BIRTH AUGUST 7, 1887	6. AGE (In years last birthday) 80	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. HOURS MIN.		
7a. BIRTHPLACE (State or foreign country) U. S. A.	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH ST. MARY'S				
10. CITY OR TOWN OF DEATH LEONARDTOWN	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ST. MARY'S HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND	13b. COUNTY ST. MARY'S	13c. CITY OR TOWN LEONARDTOWN	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER ROUTE 1 Box 25B2			
14. FATHER'S NAME First FRANK SHEEHY	Middle	Last	15. MOTHER'S MAIDEN NAME First MARGARET	Middle	Last MURPHY		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <input checked="" type="checkbox"/>	16b. SOCIAL SECURITY NO.	17. INFIRMANT	Address LEONARDTOWN, MD.				
MRS WILFRED R. BRECK RT. 2 Box 25 B 2				Approximate Interval Between Onset and Death 5 min.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation							
DUE TO, OR AS A CONSEQUENCE OF (b) Aspiration of Vomitus							
DUE TO, OR AS A CONSEQUENCE OF (c)							
10 min							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)							
9210							
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input checked="" type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) Home	21f. LOCATION Street or R.F.D. No.	City or Town Leonardtown	County St. Mary	State Md.		
22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on _____, 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE John F. Fenwick			DEGREE JOHN F. FENWICK M. D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS		22c. DATE SIGNED 2-13-68				
LEONARDTOWN, MARYLAND							
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 19, 1968	23c. NAME OF CEMETERY OR CREMATORIAL ST. MICHAEL'S CEMETERY	23d. LOCATION (City or Town) SPRINGFIELD	(County) HAMPDEN, MASSACHUSETTS	(State) TT		
24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY	ADDRESS LEONARDTOWN, MARYLAND	25a. REC'D BY REGISTRAR CHARLES JUDGE	25b. REGISTRAR'S SIGNATURE Charles Judge				

26180

10. The following table shows the number of hours worked by 1000 workers in a certain industry.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03120

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First ROBERT	Middle GRAHAM	Last HARRIS	2a. DATE OF DEATH Month FEBRUARY	Day 29,	Year 1968	2b. HOUR M			
3. SEX MALE		4. RACE WHITE		5. DATE OF BIRTH JAN. 12, 1890		6. AGE (In years last birthday) 78		IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. DAYS 0	HOURS 0	MIN 0
7a. BIRTHPLACE (State or foreign country) VIRGINIA		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH ST. MARY'S					
10. CITY OR TOWN OF DEATH LEONARDTOWN,		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ST. MARY'S		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)				12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND		13b. COUNTY ST. MARY'S		13c. CITY OR TOWN COLTON POINT		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER COLTON POINT, MARYLAND			
14. FATHER'S NAME First RONIE HARRIS		Middle 	Last 	15. MOTHER'S MAIDEN NAME First MARY ALICE FIDLER		Middle 	Last 				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown Yes		16b. SOCIAL SECURITY NO. 215-09-3811		17. INFORMANT HELEN HARRIS		Address COLTON POINT, MARYLAND					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		<i>Coronary occlusion</i>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 d			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause 4109		DUE TO, OR AS A CONSEQUENCE OF (b)									
		DUE TO, OR AS A CONSEQUENCE OF (c)									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State	
22o. I certify that (I) (this hospital) attended the deceased from 2128 , 19 68 , to 2129 , 19 68 , that (I) (we) last saw the deceased alive on 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <i>Leon Berube</i>		DEGREE	ATTENDING PHYS.	<input type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 1968					
22d. PHYSICIAN'S NAME (Type) LEON BERUBE M. D.		22e. ADDRESS MECHANICSVILLE, MARYLAND									
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 2, 1968		23c. NAME OF CEMETERY OR CREMATORIAL MILDEN PRESBYTERIAN		23d. LOCATION (City or Town) SPARKS, RICHMOND, VIRGINIA		(County) SPARKS, RICHMOND, VIRGINIA		(State)	
24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY		ADDRESS LEONARDTOWN, MARYLAND		25a. REC'D BY REGISTRAR MAR 5 1968		25b. REGISTRAR'S SIGNATURE <i>James J. Jones</i>					

1970

1970 50 51A2000

00150

1970 50 51A2000

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03127

1. DECEASED-NAME (Type or print)		First	Middle	Last	2a. DATE OF DEATH FEBRUARY 2, 1968	2b. HOUR M				
		REBECCA		HEBB						
3. SEX FEMALE		4. RACE NEGRO		5. DATE OF BIRTH Nov. 5, 1879		6. AGE (In years last birthday) 88 YRS.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS HOURS	IF UNDER 24 MIN. MIN.	
7a. BIRTHPLACE (State or foreign country) MARYLAND		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH ST. MARY'S				
10. CITY OR TOWN OF DEATH LEONARDTOWN		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ST. MARY'S HOSPITAL		12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND		13b. COUNTY ST. MARY'S		13c. CITY OR TOWN ABELL		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER			
14. FATHER'S NAME First PHILIP STEWART		Middle	Lost	15. MOTHER'S MAIDEN NAME First ELIZA		Middle	Last LACEY			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT HELEN HERBERT		Address ABELL, MARYLAND				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerosis cr. disease</i>									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
4129 Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF										
DUE TO, OR AS A CONSEQUENCE OF (c)										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 4221										
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State
22o. I certify that (I) (this hospital) attended the deceased from <u>Dec</u> , 19 <u>67</u> , to <u>Feb 2</u> , 19 <u>68</u> , that (I) (we) los saw the deceased alive on <u>Feb 1</u> , 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE <i>J. Roy Guyther M.D.</i>		DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 2-3-68				
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS MECHANICSVILLE, MARYLAND								
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB. 6, 1968	23c. NAME OF CEMETERY OR CREMATORIAL SACRED HEART CEMETERY			23d. LOCATION (City or Town) BUSHWOOD, ST. MARY'S, MARYLAND		(County) (State)		
24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY		ADDRESS LEONARDTOWN, MARYLAND		25a. REGD BY REGISTRAR FEB 6 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>				

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use on the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First ANNA	Middle RACHEL	Lost LONG	20. DATE OF DEATH Month FEBRUARY Day 26 , Year 1968	2b. HOUR 1457 P.M.	
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday) 78 YRS.	
FEMALE		WHITE		DEC. 1, 1889		IF UNDER 1 YEAR MONTHS 0 DAYS 0	
7a. BIRTHPLACE (State or foreign country) PENNA.		7b. CITIZEN OF WHAT COUNTRY? U. S. A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	9. COUNTY OF DEATH ST. MARY'S	12b. KIND OF BUSINESS OR INDUSTRY	
7c. BIRTHDATE (Day Month Year) 76 18 1889		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ST. MARY'S HOSPITAL		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) REPPERT		13e. STREET AND NUMBER	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND		13b. COUNTY ST. MARY'S		13c. CITY OR TOWN VALLEY LEE	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER	
14. FATHER'S NAME First JOSEPH P.		Middle SHERER	Lost	15. MOTHER'S MAIDEN NAME First EMMA	Middle	Lost	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown 4109		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT Address FULTON J. LONG STAR RT. Box 118 LEONARDTOWN, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary embolism APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 hours							
DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis 10 years							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c) Fracture of pubic bone (fell in floor at home)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) none							
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION none	19c. CONDITION FOR WHICH OPERATION WAS PERFORMED none	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. 19 Month Feb Day 27 Year 1968	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) fall from bed				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) none	21f. LOCATION Street or R.F.D. No. none	City or Town none	County none	State none	
22a. I certify that (I) (this hospital) attended the deceased from Dec 27, 1967 to Feb 28, 1968 , that (I) (we) last saw the deceased alive on Feb 26, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE P. J. BEAN M. D.		DEGREE MD	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED Feb 27/68	
22d. PHYSICIAN'S NAME (Type) P. J. BEAN M. D.		22e. ADDRESS GREAT MILLS, MARYLAND					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB. 28, 1968	23c. NAME OF CEMETERY OR CREMATORIAL ST. GEORGE EPISCOPAL		23d. LOCATION (City or Town) VALLEY LEE, ST. MARY'S, MARYLAND	(County) none	(State) none
24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY		ADDRESS LEONARDTOWN, MARYLAND		25a. REGD. BY REGISTRAR FEB 28 1968	25b. REGISTRAR'S SIGNATURE Charles J. Clarke		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03123

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
11 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First SADIE	Middle ELLEN	Lost NORRIS	2a. DATE OF DEATH FEBRUARY 22, 1968	Month Feb	Day 22	2b. HOUR 5 P. M.			
3. SEX FEMALE		4. RACE WHITE		5. DATE OF BIRTH JANUARY 28, 1899		6. AGE (In years last birthday) 69		IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. DAYS 0	HOURS 0	MIN 0
7a. BIRTHPLACE (State or foreign country) MARYLAND		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH ST. MARY'S					
10. CITY OR TOWN OF DEATH RIDGE		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND		13b. COUNTY ST. MARY'S		13c. CITY OR TOWN RIDGE		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER			
14. FATHER'S NAME First WILLIAM		Middle RIDGELL	Lost	15. MOTHER'S MAIDEN NAME First LUCY		Middle E.	Lost				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO. 218-36-6020		17. INFORMANT MRS LAWRENCE N. WEASENFORTH		Address RIDGE, MARYLAND					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4109		Cardiac Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH min					
		DUE TO, OR AS A CONSEQUENCE OF (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		Coronary Thrombosis min							
		DUE TO, OR AS A CONSEQUENCE OF (c) Coronary Artery Disease yrs									
19a. DATE OF OPERATION 4/20/68		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. _____ City or Town _____ County _____ State _____							
22a. I certify that (I) (the hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE James P. Darboe		DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	STAFF PHYS.	<input type="checkbox"/>	22c. DATE SIGNED 2/23/68					
22d. PHYSICIAN'S NAME (Type) JAMES P. DARBOE M. D.		22e. ADDRESS GREAT MILLS, MARYLAND									
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB. 26, 1968		23c. NAME OF CEMETERY OR CREMATORIUM ST. MICHAELS CEMETERY		23d. LOCATION (City or Town) RIDGE, ST. MARY'S, MARYLAND		(County) ST. MARY'S, MARYLAND		(State)	
24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY		ADDRESS LEONARDTOWN, MARYLAND		25a. REC'D BY REGISTRAR FFB 27 1968		25b. REGISTRAR'S SIGNATURE Charles Judge					

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FOR STATE
HEALTH DEPT.

1 1

Any delay is
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to
the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PN3. Page
5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1and2 with the State Department of
Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

03143 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03124

1. DECEASED-NAME (Type or Print)			First	Middle	Last	2a. DATE KNOWN OF ESTI- DEATH MATED	Month Day Year	2b. HOUR	
JOSEPH LEONARD POE						<input type="checkbox"/> FEBRUARY 22, 1968	M		
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	2c. DATE PRONONCED DEAD Month Day Year	2d. HOUR		
MALE	WHITE	DEC. 25, 1924	43 YRS.			FEB. 22, 1968	M		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH				
MARYLAND		U.S.A.			ST. MARY'S				
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			
LEONARDTOWN			ST. MARY'S HOSPITAL D.O.A.			WATERMAN			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND			13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	12b. KIND OF BUSINESS OR INDUSTRY			
13b. COUNTY ST. MARY'S			ST. GEORGE ISLAND NOX						
14. FATHER'S NAME			First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last
CHARLES LEONARD POE						EVA	M.		BELL
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO. (If yes give war or dates of service)			17. INFORMANT	ADDRESS		
						EVA M. POE	ST. GEORGE ISLAND, MARYLAND		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>410.9</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) IMMEDIATE last. DUE TO, OR AS A CONSEQUENCE OF									
DUE TO, OR AS A CONSEQUENCE OF (b) <u> </u> DUE TO, OR AS A CONSEQUENCE OF (c) <u> </u>									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u> </u>									
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY?			
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No. City or Town County State			
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE <u>William D. Boyd</u>						CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) WILLIAM D. BOYD M. D.						M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
						22b. DATE SIGNED FEB. 22, 1968			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			23b. DATE FEB. 24, 1968	23c. NAME OF CEMETERY OR CREMATORIAL ST. GEORGE ISLAND METHODIST			23d. LOCATION (City or Town) ST. GEORGE ISLAND	(County) ST. MARY'S	(State) MARYL
24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY			ADDRESS LEONARDTOWN, MARYLAND			25a. RECD BY REGISTRAR FEB 26 1968		25b. REGISTRAR'S SIGNATURE <u>Charles J. George</u>	

100% COTTON 30/1000 YARN HOLLOW 40% MODAL 60% COTTON 2160

DRY FLOC POLYESTER

100% COTTON 30/1000 YARN

100% COTTON 30/1000 YARN

100% COTTON

100% COTTON 30/1000 YARN

100% COTTON 30/1000 YARN

100% COTTON 30/1000 YARN

100% COTTON 30/1000 YARN

100% COTTON 30/1000 YARN HOLLOW 40% MODAL 60% COTTON 2160

100% COTTON 30/1000 YARN HOLLOW 40% MODAL 60% COTTON 2160

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03125

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

1. DECEASED-NAME (Type or print)	First ANN	Middle ELIZABETH	Last SHORT	2o. DATE OF DEATH FEBRUARY 1, 1968	2b. HOUR M
3. SEX FEMALE	4. RACE NEGRO	5. DATE OF BIRTH Nov. 1, 1889		6. AGE (In years last birthday) 78	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH ST. MARY'S		
10. CITY OR TOWN OF DEATH LEONARDTOWN	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ST. MARY'S		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND	13b. COUNTY ST. MARY'S	13c. CITY OR TOWN CHAPTICO	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER	
14. FATHER'S NAME WILLIAM	First THOMAS	Middle ELIZABETH	Middle RUSTIN	Lost	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 214 36 2045	17. INFORMANT MARGARET HELEN YOUNG	Address CHAPTICO, MARYLAND		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)					
PART 1. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (o) <i>Cardiac arrhythmia</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>immed</i>					
4129 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause (b) <i>Arteriosclerosis H.D.</i> 10 years					
DUE TO, OR AS A CONSEQUENCE OF (c)					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)					
4200 Ca of breast					
19a. MEDICAL CERTIFICATION	19b. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <i>June 1960</i> , to <i>Feb 1, 1968</i> , that (I) (we) last saw the deceased alive on <i>Jan 31 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>Wm D Boyd MD</i>					
22d. PHYSICIAN'S NAME (Type) WILLIAM D. BOYD	22e. DEGREE MD	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 2-3-68
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 5, 1968	23c. NAME OF CEMETERY OR CREMATORIAL SACRED HEART CEMETERY	23d. LOCATION (City or Town) BUSHWOOD ST. MARY'S, MARYLAND	(County)	(State)
24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY	ADDRESS LEONARDTOWN, MARYLAND	25a. REC'D. BY REGISTRAR FEB 6 1968	25b. REGISTRAR'S SIGNATURE <i>Clarke Judge</i>	DATE	

43160

1960-1961
BOSTON TRANSPORT

43160

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

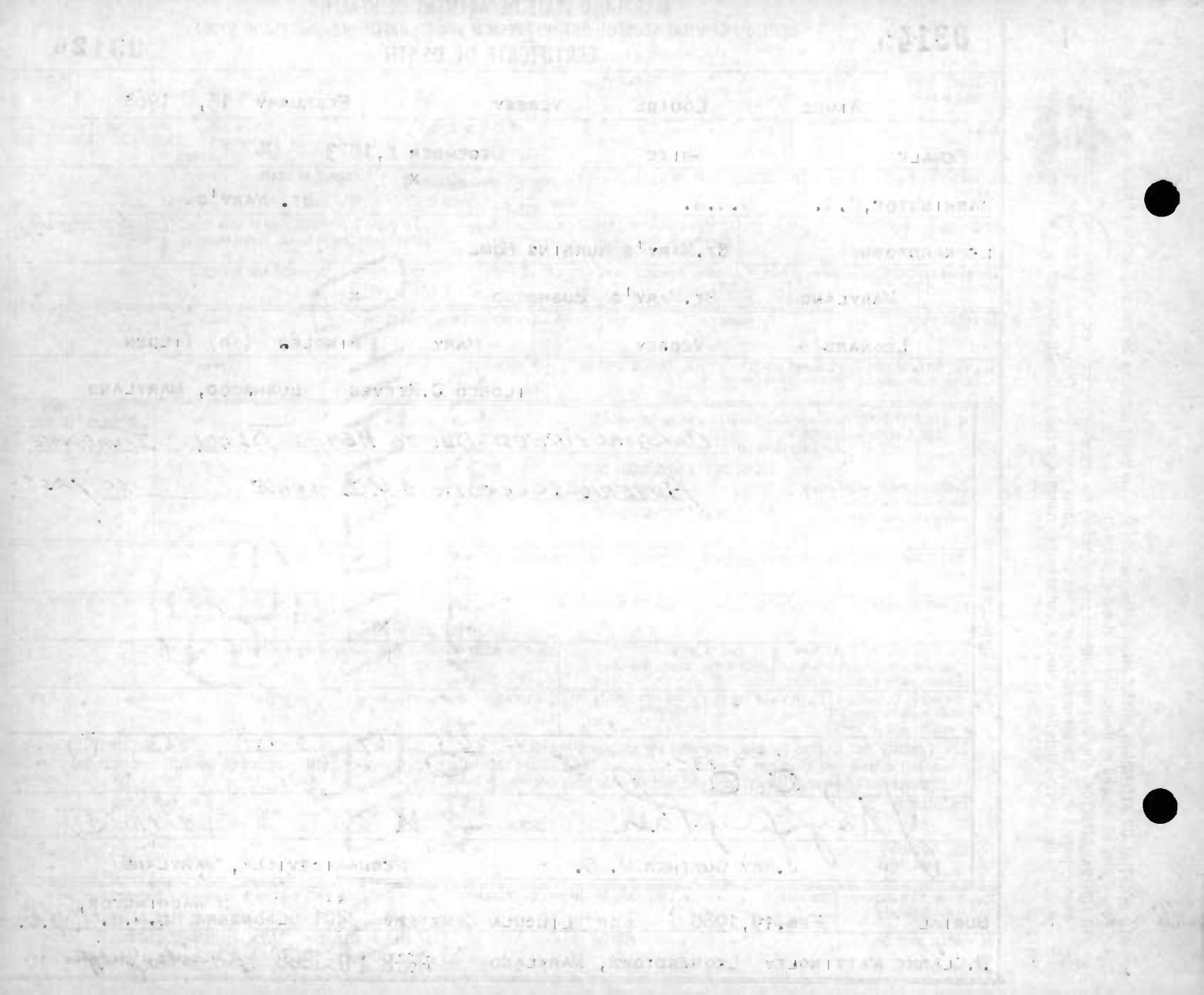
CERTIFICATE OF DEATH

03126

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First AIMEE	Middle LOUISE	Last VESSEY	2a. DATE OF DEATH FEBRUARY 15, 1968	2b. HOUR 10	
3. SEX FEMALE		4. RACE WHITE		S. DATE OF BIRTH DECEMBER 8, 1873	6. AGE (In years last birthday) 94	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 0 0 0 0
7a. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH ST. MARY'S		
10. CITY OR TOWN OF DEATH LEONARDTOWN		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ST. MARY'S NURSING HOME		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND		13b. COUNTY ST. MARY'S		13c. CITY OR TOWN BUSHWOOD	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER	
14. FATHER'S NAME First LEONARD		Middle VESSEY	Last	15. MOTHER'S MAIDEN NAME First MARY	Middle RIGGLER (OR) TILDEN	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT MILDRED C. REEVES		Address BUSHWOOD, MARYLAND	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST DUE TO HEART BLOCK APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE							
4129 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) ARTERIO-SCLEROTIC C.V. DISEASE 10 YRS+							
DUE TO, OR AS A CONSEQUENCE OF (c) _____							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)							
4330 MEDICAL CERTIFICATION		19c. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town	County
22a. I certify that (I) (this hospital) attended the deceased from: 12-26-67 , to 2-15-68 , that (I) (we) last saw the deceased alive on 2-13-1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>J. Roy Guyther</i>		DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 2-15-68	
22d. PHYSICIAN'S NAME (Type) J. Roy GUYHER M. D.		22e. ADDRESS MECHANICSVILLE, MARYLAND					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB. 19, 1968		23c. NAME OF CEMETERY OR CREMATORIUM FORT LINCOLN CEMETERY		23d. LOCATION (City or Town) (County) WASHINGTON, D.C. (State)	
24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY		ADDRESS LEONARDTOWN, MARYLAND		25a. REC'D BY REGISTRAR CHARLES JUDGE		25b. REGISTRAR'S SIGNATURE Charles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1
FOR STATE
HEALTH DEPT.

1
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

2
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)		First	Middle	Last	2a. DATE KNOWN <input type="checkbox"/> Month Day Year OF ESTI. DEATH MATED <input type="checkbox"/> FEB. 24 1968 M	2b. HOUR	
		J.	T.	WEST			
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUNCED DEAD Month Day Year FEB. 24 1968 M	2d. HOUR
MALE	WHITE	4/1/1929	38 YRS.				
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH ST. MARYS			
10. CITY OR TOWN OF DEATH LEONARDTOWN		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ST. MARYS HOSPITAL		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) SELF EMPLOYED		12b. KIND OF BUSINESS OR INDUSTRY SER. STATION	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND		13b. COUNTY ST. MARYS	13c. CITY OR TOWN CALIFORNIA	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER BOX 119		
14. FATHER'S NAME HULA CURTIS WEST		15. MOTHER'S MAIDEN NAME PEARL					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16b. SOCIAL SECURITY NO. 2/20/51 2/17/53 413 36 9131		17. INFORMANT MRS. GENEVA C. WEST		ADDRESS SAME AS 13	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>8120</u> DUE TO, OR AS A CONSEQUENCE OF <u>Crushing Injury of Chest</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>immed</u>							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>8164</u>							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. 8:05 P.M. 2-24-1968		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <u>Driver of an auto which ran into back of another auto</u>			
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) STATE Route #5		21f. LOCATION Street or R.F.D. No. City or Town County State <u>Mechanicsville ST Mary MD</u>			
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE <u>W.M. D. BOYD M.D.</u>				CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED 2/26/68	
EXAMINER'S NAME (Type) WM. D. BOYD M.D.							
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/27/68		23c. NAME OF CEMETERY OR CREMATORIAL TRINITY MEM. GARDENS		23d. LOCATION (City or Town) (County) (State) WALDORF, CHARLES, MARYLAND	
24. FUNERAL DIRECTOR <u>John M. Welch</u> JOHN M. WELCH - LEONARDTOWN, MD.		ADDRESS		25a. REC'D BY REGISTRAR DATE FEB 29 1968		25b. REGISTRAR'S SIGNATURE <u>John M. Welch</u>	

